

Northern Virginia Training Center's Regional Community Support Center (RCSC)

Mark S. Diorio, PhD, MPH

NVTC Facility Director

Jane B. Anthony, VOR 1st VP

NVTC Parent

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Overview

- Background
- Intrinsic need for RCSC's
- RCSC Concepts
- NVTC's RCSC and Services
- Consumer and Staff Surveys and Comments
- CSB Case Manager Reasons for Referral
- Costs and Revenues
- Recommendations
- Prevention and Savings

National Trends I

- Aging family caregiver population has resulted in a growing number of older adults with MR/DD seeking services who were either not on provider roles or have lost their family connections for health provision and/or private health insurance coverage
- Continued downsizing of State ICF/MR facilities will result in a larger number of individuals with MR/DD living in community settings.

National Trends II

- Those individuals who are currently living in institutional settings are typically those with severe or profound MR, who also have challenging behavioral issues, forensic issues, dual diagnoses, or are medically fragile.
- These individuals will require intensive services and supports which are typically lacking in sufficient quantity or quality in most community settings.

Nationwide Trend to Avoid

Rapid increases in community populations due to facility downsizing or closures have sometimes overtaxed existing community service systems.

- The result...long waiting lists, delay of needed services, and lack of appropriate services.
- Has also resulted in lawsuits based upon Americans with Disabilities Act and Olmstead Decision.

Intrinsic Need for RCSC's

U.S. Surgeon General found, “Neither the education and training of health care professionals nor the other elements of the Nation’s health system have been updated to reflect their [people with MR] progress.”

- Lack of health care screening and promotion efforts
- Lack of practicing professionals with MR specialties in the various branches of medicine or clinical therapy
- Lack of academic programs and clinic sites to train the next generation of MR specialists
- Lack of access to primary health care, clinical specialists, integrated treatment and prevention programs

Intrinsic Need for RCSC's

What is needed to reduce and hopefully eliminate the health care disparity for individuals with MR/DD ?

- Place for those with MR specialties in the various branches of medicine or clinical therapy to practice
- Place to train the next generation of MR specialists
- Place where MR specialists in different disciplines can consult and exchange lessons with one another
- Place where clients can obtain treatment by MR specialists, who can integrate treatment, and provide preventive diagnosis and treatment

State Training Centers

Part of Continuum of Care

- Individuals with MR/DD are to be provided services that best meets their differing needs
- Options for care and treatment need to be readily available to address complex needs
- Individuals have the right to effective treatment by clinicians with specialty training
- State ICF/MR Training Centers are an integral part of that continuum of care and are the safety net for the entire system

RCSC Concept

Services provided by the State Training Centers to consumers of the CSB's would be those that:

- Can not be readily accessed in the community
- Require professionals with specialized training and education, or
- Can be provided at less cost by the Training Center.

RCSC Concepts - Availability

Services provided by Training Centers are available to people who would otherwise be under-served or not served because of their:

- Inability to pay
- Extent of disability
- Complexity of care
- Behavioral complications and/or
- Dissatisfaction with services provided elsewhere

RCSC Concepts - Services

An RCSC provides.....

- specialized medical, dental and clinical specialty services to individuals living in the community
- specialized respite services to individuals living in the community with their families
- training to staff of community residential and vocational providers and families

RCSC Concepts – Expand Capacity of Providers

- A Facility that establishes formal relationships with area universities in order to provide internships, externships, practicum, and other specialized training opportunities for students
- A Facility that establishes public/private partnerships to expand community capacity for service delivery

RCSC Concept - Trains Clinicians

A Facility that provides specialized training to clinicians who already practice in the community but who may not serve individuals with MR/DD

- Increase their awareness and knowledge of MR/DD treatment issues
- Increase their ability to provide quality service to individuals
- Expands community capacity for service delivery

Why Virginia Needs RCSC's

- Vital that appropriate, quality clinical care is available and affordable to all individuals no matter where they choose to live
- Individuals discharged from state facilities are very vulnerable & pose increased risk of hospitalization and/or re-institutionalization
(National statistics show that 22% of those discharged are soon re-admitted to facilities)

Northern Virginia Training Center (NVTC) Specifics

- One of five State ICF/MR Training Centers
- Established in 1973
- 85 Acres, 192 beds, 526 employees
- Serves the 5 CSB's of Northern VA (HPR II)
- Serves 20.6% of Virginia's total MR/DD population (figure from 2000-2006 State Comprehensive Plan)

RCSC Pilot at NVTC

- Regional Community Support Center (RCSC) was established in January, 1996 as a pilot project.
- In July, 1998 Senator Joseph V. Gartlan and Delegate Marian Van Landingham introduced *House Bill 30, Item 372 #1c* which provided funding and a legislative mandate.

Regional Community Support Center (RCSC)

- RCSC's five (5) main areas of service:
 - Medical Specialty and Clinical Services
 - Dental Treatment
 - Education and Training of community staff
 - Education and Training of professional staff
 - Respite Services for families

Medical Specialty and Clinical Consultation at NVTC

Psychology

Therapeutic Recreation

Speech

Rehab Engineering

Clinical Social Work

Pharmacy

Nursing

Nutritional Management

Physical Therapy

Occupational Therapy

Audiology

Vocational Services

Dietary/Nutrition

Dental

Psychiatry

Physical Management

Medical Specialty and Clinical Consultation at NVTC

Primary Medical Care

Specialty Medical Clinics:

ENT

Orthopedics

Physiatry

Urology

Cardiology

Genetics

Neurology

Ophthalmology

Podiatry

Gastro-Intestinal

Gynecology

Dermatology

Referral Process through CSBs

- All referrals for RCSC services are requested through CSB Case Managers –a 1 page form
- All referrals must be reviewed/approved by a CSB Coordinator (prevents service duplication)
- All referral reports and recommendations go back to the CSB Case Managers for F/U

Complexity of Referrals and Case Coordination Needs

41% of consumers were referred for multiple, complex services indicating a

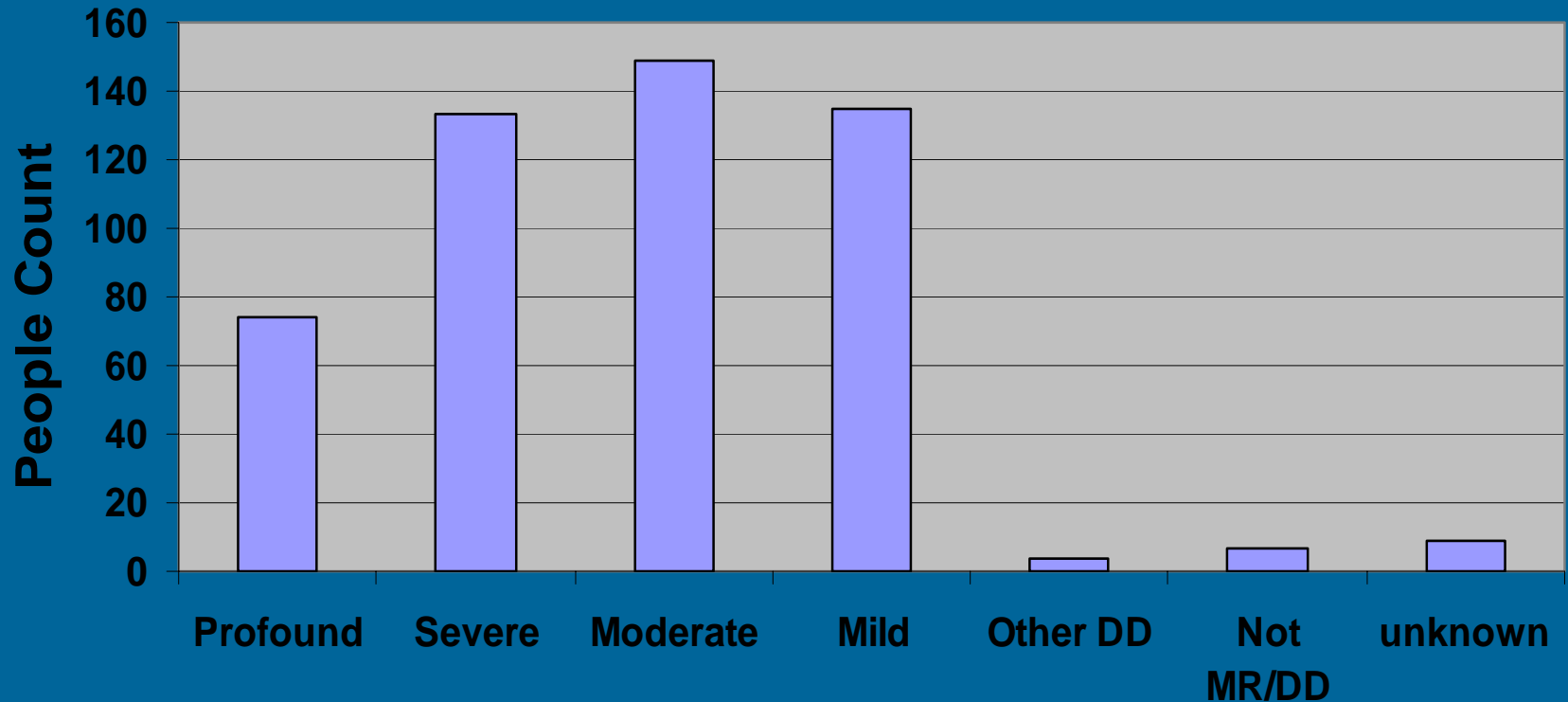
- Need for a more sophisticated level of nursing supervision in the community
- Need for medically oriented case coordination and management
- However, this type of nursing supervision and case coordination is generally **NOT** available to community consumers

NVTC RCSC Summary Data

FY 2004

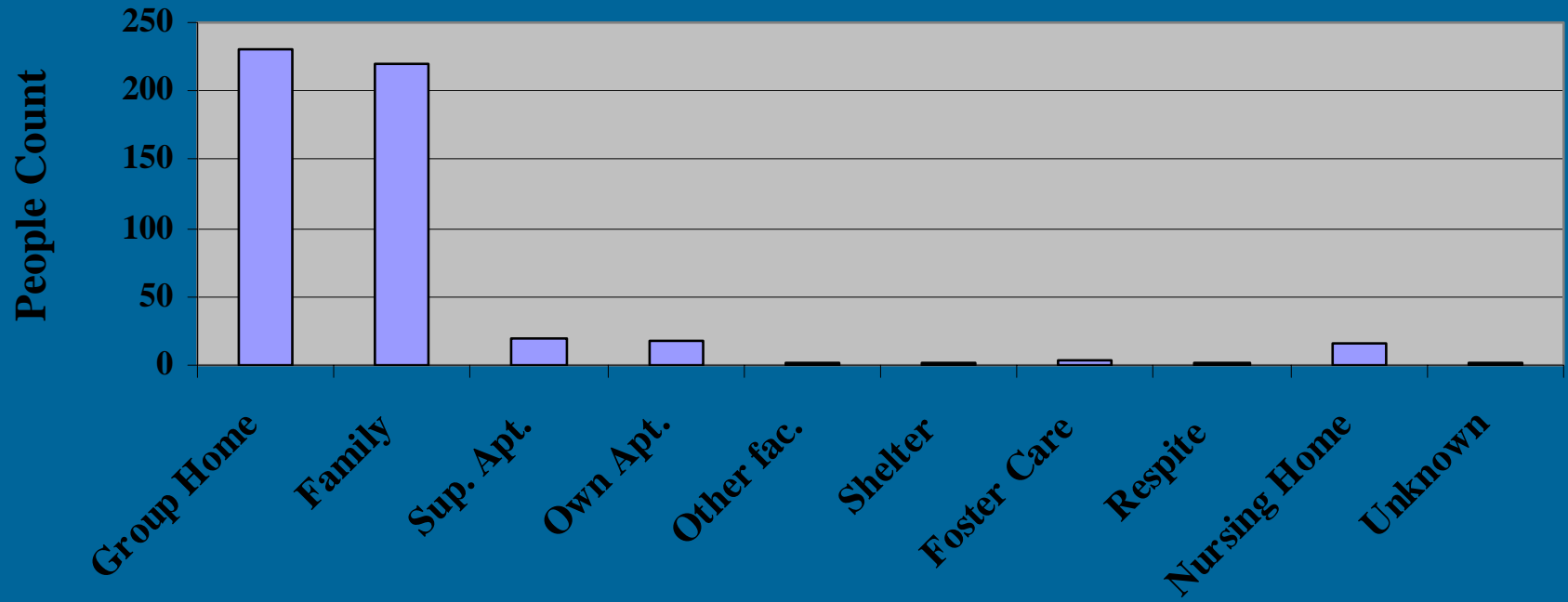
- Medical, Dental and Clinical Specialty Services were provided to 418 people
- Consumers seeking services ranged in age from 3 years to 74 years of age; Ave = 38 yrs
- 61% were between the ages of 18 and 45 yrs

Disability Categories



Primary Disability - 93% MR

Residential Settings



Consumers = 418

Medical, Dental and Clinical Specialty Services

- Over the past six (6) years, 12,086 hours of clinical services have been provided to 1,850 people.
- Service need and provision of medical, dental and clinical services continues to grow yearly.

Services Requested

- All CSBs request a wide variety of services
- 4 top clinical services requested:
 - Dental
 - Behavioral Psychology
 - Psychiatry
 - Therapeutic Recreation

Dental Services

- Dental received the most on-campus referrals
- Average duration per visit was 1.34 hours
- Majority of consumers referred had oral hygiene problems which significantly impacted their health and well-being

Dental Services

- Most consumers lacked financial resources because VA Medicaid does not cover Dental Services for persons over 18 years of age
- Most community dental practices are not equipped or have the experience and training to address dental care of individuals with special needs

Dental Services

- Many dental referrals were directly related to the consumer's disruptive behaviors, often related to anxiety and escalating to aggression. Such persons needed multiple visits for reassurance, assessment, and treatment.
- At times, individuals could not be successfully treated without some form of medical restraint, conscious sedation or general anesthesia.

Respite Services

- RCSC supports many families in providing temporary relief from care-giving responsibility. This is a great support to parents and siblings.
- Up to 21 continuous days and a maximum of 75 days per year permitted.
- Individuals residing in a group home are not eligible to participate in this respite service.

Respite Services

- From FY93 to FY98, NVTC increased respite from 140 to 396 bed days.
- Over the past six (6) years, NVTC has accommodated 338 respite admissions and provided 2,384 days of respite care to individuals and their families.

Respite Services Provided

- In the past “3 hots and a cot”
Since 1998...complex medical needs and/or challenging behaviors that required extensive clinical and therapeutic services by various clinical specialties
- NVTC gets no reimbursement for clinical services provided during respite stays of 30 consecutive days or less, unless the person is ultimately admitted
- Emergency respite services are funded through NVTC budgeted state dollars

Education and Training of Community Staff

- The NVTC Training Department and clinical staff provide education and training opportunities to families and the staff of community-based service organizations that support consumers in the Northern Virginia region.
- Monthly pre-service and annual re-training are open to families and all community staff; other specialty topics are offered or specifically requested

Education and Training of Community Staff

- The training provided is designed to help build the community infrastructure by increasing the knowledge and experience of care providers to address each individual's complex needs
- Over the past 6 years, NVTC has provided 6,055 hours of training to 1,673 persons

Education/Training of Students & Future Professional Staff

- NVTC has formal contracts with 29 regional universities and colleges
- RCSC provides Undergraduate Student Practicum, Internships, Externships, Residency, Pre-doctorate, or Post-doctorate education and training opportunities

Education/Training of Students & Future Professional Staff

- The clinical service departments at NVTC trained 354 students over the past 6 years.
- Disciplines include: Social Work, Nursing, Speech and Hearing, Psychology, Pharmacology, Neurology, Occupational Therapy, Therapeutic Recreation, Physical Therapy and Dental Hygiene

Education and Training of Community Professional Staff

- Increase community capacity and clinical expertise of community professionals and their staff by providing training and consultation to
 - community professionals who have a limited experience with persons who have MR/DD
 - community professionals who want to gain new knowledge and skills so they can begin to serve persons with special needs e.g., Community Dentists and Dental Hygienists

Education and Training of Community Dental Professionals

Dentists and Dental Hygienists would work at the RCSC Dental Clinic to gain skills in Special Care Dentistry

- Paid by the hour or IRS charity write off and provide CEU credits through Dental Society or Dental School.
- They would agree to continue to provide dental services to those consumers they served during their training when they go back to their community practice... new dental home !!

Satisfaction Survey Process

- Twice per year, CSB Case Managers complete a formal survey and provide additional informal comments from consumers, family, and support staff
 - Referral Process
 - Timeliness of Initial Response
 - Appointment Timeliness
 - Usefulness of Recommendations
 - Quality of Clinical Services or Report

Satisfaction Survey Process

- Four (4) x per year, consumers, family or caregivers complete a formal survey after every clinical visit
 - Referral Process
 - Timeliness of Initial Response
 - Appointment Timeliness
 - Quality of Service Provision

Satisfaction Survey

General Results and Comments

- Case Managers, consumers, family members and support staff were all highly complementary of the referral process and indicated that services were efficiently and professionally provided.
- The quality of the clinical services and usefulness of recommendations were exceptionally high.

Satisfaction Survey

General Results and Comments

While timeliness of the initial response to the referral request was typically acceptable, the waiting period for a Dental appointment was sometimes too long:

- Due to high volume and limited NVTC Dental resources, some individuals would have to wait 2-3 months for an appointment.
- Missed appointments or failure to follow physician's orders for NPO status prior to the Dental appointment wasted valuable clinical time that others could have benefited from.

Satisfaction Survey

Informal Comments

- Services provided reduced risk of emergency room visits, crisis intervention, hospitalization and/or institutionalization
- Many clients would have gone without needed care or may have received improper clinical care without the RCSC

Satisfaction Survey

Informal Comments

- “Dental services are critical. While oral hygiene has improved; overall client health has improved also.”
- “Many of our clients have gone without needed Dental care for years.”
- “Finally, someone who knows about my son and his special needs. I don’t know what I would have done without you.”

Satisfaction Survey

Informal Comments

Great concern about the lack of community behavioral consultants experienced and trained in:

- Applied Behavior Analysis
- Positive Behavior Support
- MR and Developmental Disabilities
- Psychotropic Medications

Satisfaction Survey

Informal Comments

Community psychiatrists and psychologists were often unfamiliar with:

- Presentation of psychiatric disorders in persons with MR/DD
- Typical behavioral manifestations of certain genetic syndromes causing mental retardation
- Specific medications which are often useful in these populations

CSB Case Managers Reasons For Referrals to the RCSC

- Inability to provide treatment due to challenging behavioral issues was given as a reason for 8% of the referrals
- Other reasons for referrals were:
 - Continuity of care
 - Availability of experts
 - Convenience of services and integration of care from one-stop shopping.
 - Inability to pay for services

CSB Case Managers Reasons For Referrals to the RCSC

- Lack of funding was the primary reason for seeking RCSC Dental Services (90% of surveys); however, it was also noted that there was a lack of dental providers willing to serve this population (75% of surveys)
- Lack of availability of services elsewhere was the primary reason for seeking
 - Behavioral Psychology
 - Psychiatry
 - OT and PT
 - Speech/Language
 - Therapeutic Recreation

Procedures to Determine Monthly Costs

- Super bills are used for most clinical disciplines; hourly rates used for remaining
- Industry standard CPTs codes and RVUs assigned
- Track in-house and outpatient services
- Outpatient services are backed out of NVTC's monthly ICF/MR Medicaid reimbursement

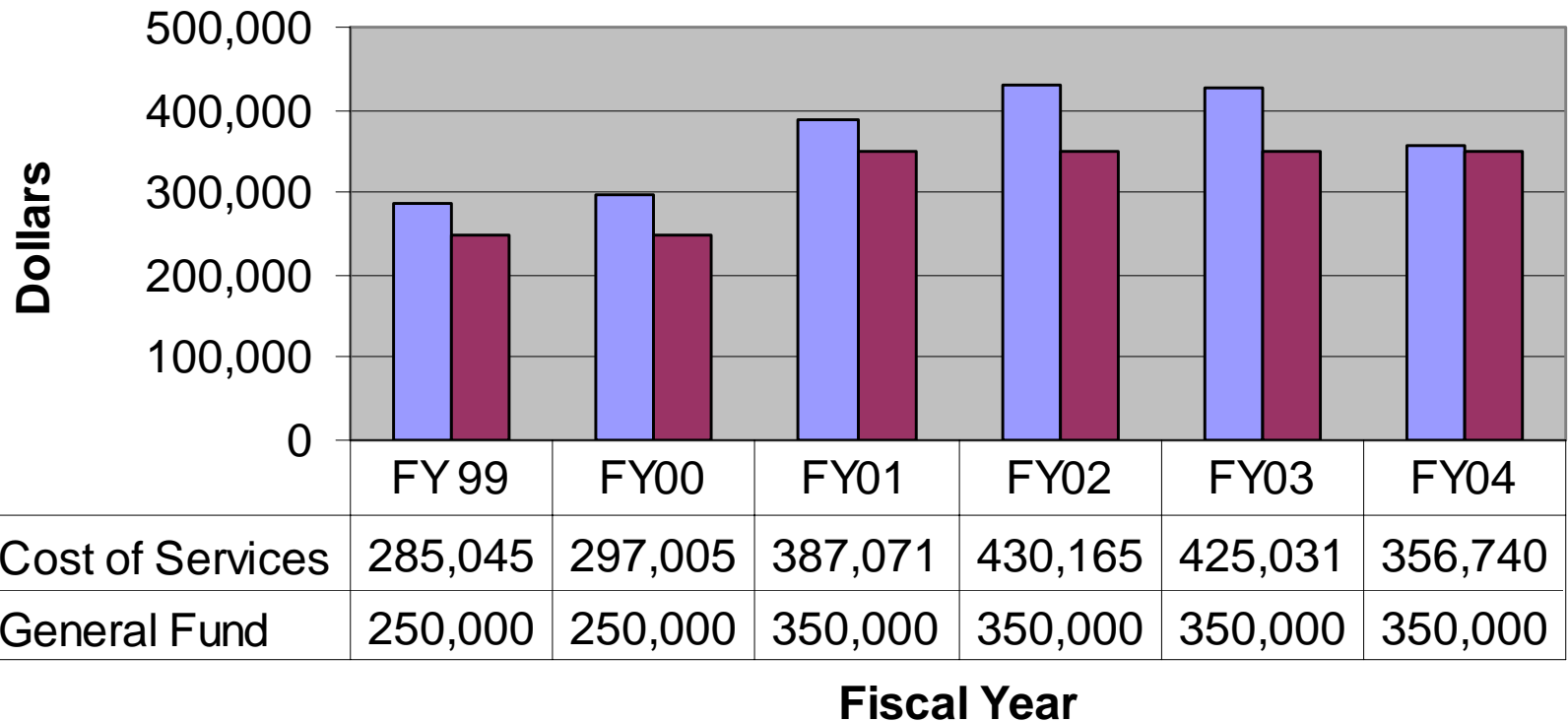
Service Restrictions due to NVTC Budget Limitations

- RCSC will not pay for adaptive equipment, wheelchairs, walkers, splints, AFOs, augmentative communication devices, glasses, hearing aids, etc...
- Full dentures and “partials” are limited to one (1) replacement for lost original. Require written self-management or teaching program before release of dental devices.

Service Restrictions due to NVTC Budget Limitations

- NVTC pays for medication used for conscious sedation during Dental visits
- Anesthesiology services for general dental sedation must be paid for by consumer, family or community agency, unless hardship status is granted

ANNUAL COST TO NVTC



Cost backed out of monthly Medicaid reimbursement

Possible Issues and Barriers

- Must establish RVU/CPT coding and billing system; this requires in-house coding/billing expert
- Lack of coordination between State reimbursement system and typical industry RVU coding/billing products
- QM system to monitor required documentation for reimbursement

Possible Issues and Barriers

- Concern about going to the institution for services – was not an issue for individual consumers or their families
- Sufficient facility clinical staff at facility
- Unacceptable delay between the referral and delivery of services (monitored since this will occur quickly for Dental services due to high volume)
- CSB follow-up with RCSC recommendations

Recommendations

Funding must be made available so State Training Centers can work cooperatively with area community agencies to

- Perform detailed need assessments in their region to further define unmet medical, dental and behavioral health needs of persons with severe and multiple disabilities
- Use results to guide service priorities or a modified RCSC model with limited but critical clinical services and associated staffing needs

Recommendations

- State Training Centers should open their pre-service orientation and annual re-training to all community provider staff and interested families
- State Training Centers should provide training seminars on special topics and bring in nationally known experts to share knowledge and state-of-the-art treatment

Recommendations

- State Training Centers should set up formal relationships with universities & colleges in order to provide student and professional training opportunities
 - This is critical to expanding community capacity for service delivery and training of new professionals
 - NVTC's partnership with GMU's Department of Psychology and Center for Cognitive Development created the *Developmental Disabilities Support Clinic* (Psychiatry and Behavioral Psychology) which is located on the GMU campus

AADMD

- The American Academy of Developmental Medicine and Dentistry (AADMD) is a national organization of physicians and dentists whose mission is to “improve the quality of health care for people with neurodevelopmental disorders and intellectual disabilities through clinical practice, teaching and research
- The AADMD is working to change the curriculum in medical and dental schools to this end. Website: www.aadmd.org

Recommendations

- Establish a non-profit organization in order to pursue additional funding streams and be eligible for donations, gifts and research grants
- Partner with other stakeholders including existing non-profit organizations, community providers, local healthcare agency, etc...
 - This is critical to expanding community capacity for service delivery

Recommendations

To aid consumers with multiple health needs community agencies should develop:

- Case Managers with training and expertise in medically oriented case coordination and management
- These trained specialists could then provide consultation and training to other community Case Managers

Recommendations

- State agencies should work together to obtain potential reimbursement for services provided
- State agencies should project costs of providing Medicaid Waiver funding for dental services to adults with mental retardation
- Preliminary discussion with CMS indicated potential to amend Medicaid State Plans of Care to directly fund outpatient programs using current ICF/MR funds with 2.5% cap; need letter from DMAS to CMS requesting pilot program

Possible Revenue Sources

- Medicaid
- Medicaid Home & Community Based Waiver
- Medicare
- Private Insurance – must get on provider lists
- Outpatient Medical Clinic License
- Home Health License
 - Needed to bill for non-physician clinical services provided in community settings without a physician present.

Prevention and Savings

- RCSC saves on diagnostic error
- Clinical specialty areas - respite has led to recognizing problem issues before they become critical or emergencies
- Greater breadth of clinical disciplines & experts
- More clinical medical care to those in the community

Prevention and Savings

- Reduction in polypharmacy by using proper analysis and quality control tools (lower drug costs to the state)
- Reduction in unnecessary psychiatric referrals (improved diagnosis of pain causing conditions)
- Reduction in "emergency care" usage (prevention instead – better for client as well)
- Reduction in medical mistakes (less malpractice)

Prevention and Savings

- Reduction in transportation costs and support coordination cost (one stop for most medical/dental)
- Increases person's ability to participate in community by increasing self-determination
- Encourages medical and dental fields to pursue further education with this population, thereby building the community base in the long term.

Prevention and Savings

From the Dental side, an RCSC REDUCES:

- Use of general anesthesia (average cost of \$2000 per case)
- Unnecessary behavioral referrals due to better detection of pain-causing issues
- Periodontal disease (saves roughly \$400 per person per year in related medical expenses)

Extend Throughout Virginia

- Expand the Regional Community Support Clinic model to other State Facilities who serve individuals with MR, MH and Geriatric populations
- Expand RCSC model to Medical Schools or University Affiliated Programs (UAP)
- Enter into partnership with American Academy for Developmental Medicine and Dentistry (AADMD)

RCSC's Are A Win-Win

- Good for those with MR
- Good for Community Integration
- Good for Resource Savings

Good for Virginia